

Athletic Trainer's Signature

Arkansas Department of Health Arkansas State Board of Athletic Training

4815 W. Markham St., Slot 73, Little Rock, AR 72205-3867 (501) 683-4076, aratb@arkansas.gov

Supervision/Standing Orders Agreement

Directions to Applicant: If practicing fully or partially in a non-clinical setting, please request your supervising/directing physician to complete the form and return to the address listed above.

Ark. Code Ann S 17-93-411 licenses athletic trainers and requires the following supervision of the athletic trainer.

- 1. In a non-clinical traditional setting, the athletic trainer may practice the art and science of athletic training under the direction of a physician licensed in the state of Arkansas.
- 2. In a clinical setting, the athletic trainer may practice athletic training in a hospital or outpatient clinic under the direct supervision of a physical therapist and upon the referral of a physician licensed in the state of Arkansas.

Supervising Physician	Athletic Trainer
Name:	Name:
Address:	Address:
City:	City:
State/Zip:	State/Zip:
Phone:	Phone:
Business Name:	AT Employer:
The Supervising Physician agrees to be available for consultathat the Supervising Physician is readily available to give aid, of the Supervising Physician shall allow the Athletic Trainer to pe	erform independently the functions for which the Athletic Trainer m the Board of Certification's Practice Analysis, 7 Th Edition and rved.) n
The Athletic Trainer shall adhere to the Arkansas State Board for the profession.	of Athletic Training Rules, and applicable Standards of Practice
In the event of termination of this Agreement, the Athletic Train provide services until documentation of an appropriate Supervi	ner shall notify the Board in writing. The Athletic Trainer will not isor is approved by the Board.
Any changes in this agreement shall be submitted in writing wi	thin ten (10) days to the Board.
Supervisor's Signature	Date

Date